



U.S. Department of State  
**APPLICATION TO DETERMINE RETURNING RESIDENT STATUS**

OMB APPROVAL NO. 1405-0091  
EXPIRATION DATE 07/31/2007  
ESTIMATED BURDEN: 30 MINUTES\*

**INSTRUCTIONS:**

This is an application for Special Immigrant Status under Section 101(a)(27)(A) of the Immigration and Nationality Act, for lawfully admitted permanent residents who are returning from a temporary visit abroad. To qualify you must submit with this application evidence that:

- (1) You had the status of an alien lawfully admitted for permanent residence at the time of departure from the United States;
- (2) You departed from the United States with the intention of returning and you have not abandoned this intention; and
- (3) You are returning to the United States from a temporary visit abroad and, if the stay abroad was protracted, this was caused by reasons beyond your control and for which you are not responsible.

Applicants must submit evidence with this application to support the above requirements, including proof of lawful permanent residence (Examples: Form I-151, I-551, Reentry Permit, etc.), dates of travel outside of the United States (Examples: airline tickets, passport stamps, etc.), proof of ties to the United States and intention to return (Examples: tax returns, and evidence of economic, family and social ties to the United States), and proof a protracted stay was for reasons beyond the applicant's control (Examples: medical incapacitation, employment with a U.S.

1. FAMILY NAME		FIRST NAME		MIDDLE NAME	
2. OTHER NAMES USED, ALIASES (If married woman, give maiden name)					
3. CURRENT HOME ADDRESS AND TELEPHONE NUMBER					
4. PLACE OF BIRTH (City, Province, Country)				5. DATE OF BIRTH (mm-dd-yyyy)	
6. MARITAL STATUS					
<input type="checkbox"/> Married <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
If married, information about spouse					
a. Name (Last, First, MI): _____					
b. Address: _____					
c. Place of Birth: _____					
d. Date of Birth: (mm-dd-yyyy) _____					
e. U.S. Residence Status, if any (U.S. citizen, legal permanent resident, etc.): _____					
f. Date of Marriage to You: (mm-dd-yyyy) _____					
7. LIST BELOW ALL CLOSE FAMILY MEMBERS IN THE UNITED STATES (Continue on separate page if necessary)					
FULL NAME		RELATIONSHIP	RESIDENT STATUS	PLACE OF RESIDENCE	
_____		_____	_____	_____	
_____		_____	_____	_____	
_____		_____	_____	_____	
_____		_____	_____	_____	
8. PREVIOUS IMMIGRATION RECORD					
a. DHS "A" Number: _____		b. Immigration Category: _____			
c. Previous Immigrant Visa:		d. Adjustment of Status			
DATE OF ISSUE (mm-dd-yyyy)	PLACE OF ISSUE	DATE OF ADJUSTMENT OF STATUS WITH DHS (IF ANY) (mm-dd-yyyy)	PLACE OF ADJUSTMENT OF STATUS WITH DHS (IF ANY)		
_____	_____	_____	_____		
e. Initial Entry into the United States as Lawful Permanent Resident:			f. Last Entry into the United States as Lawful Permanent Resident:		
DATE OF ENTRY (mm-dd-yyyy)	PORT OF ENTRY	DATE OF ENTRY (mm-dd-yyyy)	PORT OF ENTRY		
_____	_____	_____	_____		
9. MOST RECENT DEPARTURE FROM THE UNITED STATES					
Date of Departure: (mm-dd-yyyy) _____		Destination: _____			
Reason: _____					

**Privacy Act and Paperwork Reduction Act Statements**

This information asked for on this form is requested pursuant to Sections 101 and 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form to determine your eligibility for returning resident status. Individuals who fail to submit this form or who do not provide all the requested information may be denied returning resident status. Upon your return to the United States in immigrant status, the information collected will be protected from disclosure under the Privacy Act.

\*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.

10. WHAT CONTINUING TIES HAVE YOU MAINTAINED WITH THE UNITED STATES? WHAT EFFORTS HAVE YOU MADE TO AVOID ABANDONING YOUR PERMANENT RESIDENT STATUS IN THE UNITED STATES?

11. REASONS FOR NOT RETURNING TO THE UNITED STATES UNTIL TIME OF THIS APPLICATION

12. LIST BELOW ALL PERIODS THAT YOU HAVE LIVED OUTSIDE OF THE UNITED STATES FOR SIX MONTHS OR LONGER SINCE YOUR INITIAL ENTRY INTO THE UNITED STATES AS A PERMANENT RESIDENT

DATES (mm-dd-yyyy) FROM - TO

COUNTRY

13. HAVE YOU BEEN EMPLOYED OUTSIDE OF THE UNITED STATES SINCE YOUR MOST RECENT DEPARTURE? ☐ YES ☐ NO  
If "Yes" complete the following:  
**NAME OF EMPLOYER** **ADDRESS** **FROM (mm-dd-yyyy)** **TO (mm-dd-yyyy)**

14. I WISH TO RETURN TO THE UNITED STATES ON OR ABOUT \_\_\_\_\_  
Date (mm-dd-yyyy)

15. I swear or affirm that all statements which appear on this application are true and complete to the best of my knowledge and belief. I understand that any false or misleading statement or willful concealment of a material fact may subject me to permanent exclusion from the United States. I understand that if this application for special immigrant status is approved, I must apply for an immigrant visa within six months from the date of approval.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm-dd-yyyy)

**DO NOT WRITE BELOW THIS SPACE - OFFICIAL USE ONLY**

☐ Approved 101(a)(27)(A)

☐ Disapproved

Reason:

\_\_\_\_\_  
Type Name of Consular Officer

\_\_\_\_\_  
Signature of Consular Officer

At: \_\_\_\_\_  
Date (mm-dd-yyyy) \_\_\_\_\_  
Post

REVIEWED: ☐ Concur

☐ Do NOT Concur

\_\_\_\_\_  
Type Name of Reviewing Officer

\_\_\_\_\_  
Signature of Reviewing Officer

\_\_\_\_\_  
Date (mm-dd-yyyy)



**U.S. DEPARTMENT OF STATE**  
**U.S. EMBASSY SEOUL**  
**CONSULAR SECTION, IMMIGRANT VISAS**  
32 Sejong ro, Chungro ku, Seoul 110-710 Korea or  
Unit 15550, APO AP 96205 USA  
Fax 822-397-4501 or DSN fax 721-4501

**Application to Determine Returning Resident Status (DS-117)**

If you have not abandoned your U.S. legal permanent resident status, but have stayed out of the U.S. for an extended period so that U.S. law requires you requalify for an immigrant visa, you may reapply as an immigrant by submitting a DS-117 with all supporting documents listed below in person Monday, Tuesday, Thursday or Friday, 1pm to 3pm, Korean and U.S. holidays excluded. 귀하가 영주권을 포기하지 않고 미국을 떠나 해외에서 1년이상 거주하여 재입국 자격을 허가받으려면 DS-117양식을 작성, 보충서류와 함께 이민비자과에 월요일, 화요일, 목요일, 금요일 오후 1:00에서 오후 3:00 사이에 제출하십시오.

1. Explanation in English why you did not return to U.S. within one year, why this reason was beyond your control, and what ties of your own you have kept to a life in the U.S. 미국에 1년 안에 돌아가지 못한 이유와 미국생활로 돌아가야만 하는 사유서 (영문번역).
2. Application for returning resident status (DS-117) completely filled out in English. 영문으로 작성한 신청서.
3. U.S. immigration documents showing that you were admitted to the U.S. as an immigrant, e.g. alien registration card (I-551); reentry permit (I-327). 영주권과 재입국증.
4. Korean Immigration entry/exit record from Seoul Immigration Control Office (located at Hyun Dai Juk Sun Building behind downtown Government Complex). 출입국증명 (종합청사뒤 현대 적선빌딩).
5. Copies of U.S. and state tax returns since your departure from the U.S. 최근 세금보고서.
6. Copies of any document related to your assets, memberships, legal affairs that show your continuing ties to the U.S. 귀하의 미국생활에 관련된 재산, 회원권 및 법적인 업무에 관한 서류사본.
7. Passport. 여권.
8. Family Census Register with English translation. 호적등본 (영문번역).
9. NONREFUNDABLE \$360 application fee (cash, money order or "logged" credit/debit cards: Visa, MasterCard, American Express and Novus/Discover). 환불이 불가능한 신청료 360불.
10. The DS-117 replaces an immigrant petition. If your DS-117 is approved, you must then qualify for a returning resident immigrant visa (SB-1) in the same manner as all immigrant visa applicants. If your DS-117 is denied, your application fee is not refundable and you must otherwise qualify as an immigrant. Please sign and date below and submit together with your DS-117. DS-117은 이민 초청장을 대신합니다. DS-117이 승인되면 신청자는 모든 이민 신청자들처럼 재입국비자 SB1을 신청할 수 있습니다. DS-117이 거절되더라도 360불은 환불 받지 못합니다. 아래에 서명 날인하시고 DS-117과 함께 제출해 주십시오.

Applicant's signature 신청자의 서명

Date 날인